



# AFFIDAVIT OF COMPLETION OF ONE HUNDRED (100) HOURS OF COSMETOLOGY INSTRUCTION

State Form 51774 (12-04)

**Indiana Professional Licensing Agency**  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
Telephone: (317) 234-3031

\* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1. It is mandatory that it be given. Social Security number are available to the Indiana Department of Revenue.

## AFFIDAVIT

Pursuant to 820 IAC 2-2-5 of the rules of the State Board of Cosmetology Examiners, this is to certify that :

Name of student	Student Social Security number *
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has satisfactory completed an additional One Hundred (100) hours of instruction in the theory and practice of cosmetology at:

Name of school	Address (number and street)
City, State, ZIP code	School license number
Date enrolled (month, day, year)	Date completed (month, day, year)
Signature of school official	Date signed (month, day, year)

I herby certify and declare that the above stated certification of training to be correct and accurate record of the student enrolled at the school of cosmetology named below, and meets the requirement of the State Board of Cosmetology Examiners.

Name of student	Signature of school official
Name of cosmetology school	Printed name of school official

STATE OF INDIANA

COUNTY \_\_\_\_\_



SS:

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

## NOTARY CERTIFICATE

Signature of Notary Public	<b>NOTARY SEAL</b>
Printed name of Notary Public	
Notary county of residence	
Notary commission expires	